

**HUMAN SERVICES REFERRAL TO VOCATIONAL REHABILITATION**  
**(Department of Human Services Form DP 4028)**

Introduction

The DP-4028 is a form developed by the Department of Human Services as part of an overall case data system, to refer clients to other agencies and programs, including Vocational Rehabilitation. Receipt of this form will indicate to the vocational rehabilitation counselor that one or more of the persons listed on the form is referred for VR services. When the case is received, if no case is currently open, contact should be initiated with the client (treat as a mass referral).

The line/letter designations on the sample form attached do not appear on the forms you will receive. They are for purposes of identification in these instructions only. Rehabilitation input will be made at the bottom of the form in the section labeled **MAND PRINT MESSAGE+**. Rehabilitation personnel should not attempt to code this information. Write the new information in regular English and submit it to the local Department of Human Services office. The DHS office will code the information and enter it into the document by computer terminal. A new form will be sent to the vocational rehabilitation counselor for inclusion in the VR casefile.

An asterisk (\*) in the left-hand margin indicates that an item in that line has been changed.

Detailed Instructions

Line A

Case Number . This box has four subcategories. These categories are serial number, FBU (family budget unit), and MULT (multiple payments code) and CHECK DIGIT. These numbers are assigned by the Department of Human Services and will not be altered by the vocational rehabilitation counselor. However, on reporting forms that call for the DHS case number, this is the number that will be entered.

Date Printed . The date the form is printed will help the counselor to know which information is the most current. When new forms are received on a client, any bearing a prior print date should be removed from the casefile and destroyed.

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Elig Worker (eligibility worker) . The code in this box identifies the eligibility worker assigned to this case. If more information is needed on this case, or a consultation with Human Services regarding possible rehabilitation assistance is needed, this will identify the person to whom the inquiry should be directed.

Tract (census tract) . In the seven largest cities in Iowa, which are divided into census tracts, the identifying location code will appear in this box. In all other areas which are not in the standard metropolitan statistical areas, the code 000 will appear here. If census tract maps are available, this may be helpful in locating the client.

County . The two-digit number designation for the Iowa county in which the person lives is listed in this box.

Serve Worker (service worker) . If the eligibility worker determines that the client needs services provided by the Department of Social Services, other than income maintenance, the code for the worker assigned to evaluate the need and/or provide the services will be listed by code in this box. Consultation with this person can be useful in the ongoing educational/vocational planning of the client.

#### Line B

SCHOOL DISTRICT . The number of the school district in which the family lives is entered.

MISC. MESSAGE . Messages to aid in distribution of the form are entered here.

#### LINE C

AID . In this space the type of assistance that the client is receiving will be printed. The major types of importance to vocational rehabilitation counselors are:

ADC-F . Regular aid to dependent children

ADC-U . Aid to dependent children paid to families including a disabled father.

SSI . Supplemental Security Income

Food stamps only . (self-explanatory)

FC . Foster care

ICF . Intermediate care facility

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FOOD STAMP . The code in this box designates the type of household receiving food stamps.

- A Assistance . adult
- C Companion case . receiving food stamps in another case
- T Assistance . family
- L Mixed adult . (assistance & non-assistance)
- W Mixed family . (assistance & non-assistance)
- K Non-assistance . adult
- P Non-assistance . family

#### DEFINITIONS

Assistance household . Everyone in the household is receiving a cash grant or SSI/SSP from the federal government.

Mixed household . At least one person in the household is receiving a cash grant or SSI/SSP from the federal government and the household contains at least one person who is not receiving a cash grant or SSI/SSP from the federal government.

Non-assistance household . No one in the household is receiving a cash grant or SSI/SSP from the federal government.

Non-assistance family case . 3 or more adults or case contains at least 1 child.

Non-assistance adult case . 1 or 2 adults (no children).

REF CSU (refer to child support recovery unit) . An ~~%~~ in this box indicates that the eligibility worker wants the child support recovery unit to initiate action against those who should be providing support for the children involved.

(blank box) . AID TYPE . Type of aid the child referred to in REF CSU is receiving.

CLIENT PHONE . If a phone number is entered here, it should be of help to the rehabilitation counselor in locating the client.

SERVICE REFERRAL . This indicates that the eligibility worker is recommending that a service worker be assigned.

TO District or unit office to which referred for service

NEED Service referral code

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The first 2 characters of this field describe the service to which the client is referred.

<u>Code</u>	<u>Service</u>
01	Adoption services
02	Court ordered custody investigation
03	Subsidized adoption
04	Adult residential care
05	Family life home
09	Child protection
14	Registered group day care . child . half day
15	Licensed center day care . child . half day
16	Registered family day care home . child . half day
17	In-home day care . child . half day
18	Adult day care
19	Shelter care
21	Employment/education
25	Family planning
26	Independent living
27	Foster family home
29	Foster group care
30	Adult residential treatment
31	Court ordered client oversight
32	Health related services
35	Home management services
39	Mental health service
47	Dependent adult abuse
51	Work activity
52	Sheltered workshop
57	Transportation
60	Client assessment/case management
61	Registered group day care . child . full day
62	Licensed center day care . child . full day
63	Registered family day care home . child . full day
64	In-home day care . child . full day
98	In-home health care

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The third character of this field identifies the person/agency requesting service.

<u>Code</u>	<u>Service</u>
A	Client
B	Spouse
C	Parent
D	Child
E	Other relative
F	Friend or neighbor
G	Doctor or clinic
J	Person within DHS agency
K	Other person social agency (not otherwise listed below)
L	Private social agency
M	School
P	Police or court referrals
N	Public health or visiting nurse
H	Lawyer
Z	Other
Q	Employment Service
R	Social Security Administration
S	Hospital
T	Private voluntary organization
U	Minister
W	Veterans Affairs Commission
X	County general relief
Y	Family planning/planned parenthood center
I	Community-based corrections referral or parole board

#### Line D

CASE NAME . The first, middle and last name of the person under whose name the grant is paid will be listed here. This is not necessarily the person who is being referred to vocational rehabilitation.

Payee (or addressee) . If the check is made out to another party for the previously listed case name, or if it is sent to another party to be given to the client, the name listed will differ from the client name. In most cases, the payee name will be the same as that listed as the case name.

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PAYEE MOD (payee modifier) . In cases of protective payees, or other special situations, a code will be entered here. %GDN+ or %GCV+ indicate aid payment to a guardian or conservator. %FOR+ indicates a substitute payee or food stamp authorized representative.

Line E

MAILING ADDRESS . This provides the VR counselor with the address, street, city, state and zip code to which the check is sent.

Line F

The status of the client in each of the listed programs is shown. The programs are:

FS = Food Stamps  
 ADC = Aid to Dependent Children  
 MED = Medical  
 FAC = Facility  
 FC = Foster Care

Line G

ELIGIBILITY CASE STATUS . Printed below this heading will be the words Pending, Active, Suspended, Closed, or None

STATUS DATE . The date shown here indicates the date of last determination of the status shown in the previous item. If status is %None+, the date will be 00-00-00.

In the space at the far right-hand end of this box, four digits will appear. These numbers indicate the amount of the grant the family is receiving. They are unlabeled so that the information is not readily understandable to others who might come into contact with this form.

(unlabeled) . left blank

CSU (child support recovery unit) . On those cases referred to this unit, the code number for the child support recovery officer is entered here.

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The first digit identifies:

Local office:

- A . Foster Care
- D . Child Support Recovery

The second digit identifies:

Program:

- F . Foster Care Recovery
- R . Child Support Recovery

The third digit identifies:

Location

- |                              |                    |
|------------------------------|--------------------|
| C . with AF = Central Office | I . Davenport      |
| A . Decorah                  | J . Cedar Rapids   |
| B . Mason City               | K . Des Moines     |
| C . With DR = Spencer        | L . Carroll        |
| D . Sioux City               | M . Council Bluffs |
| E . Ft. Dodge                | N . Creston        |
| F . Marshalltown             | O . Ottumwa        |
| G . Waterloo                 | P . Burlington     |
| H . Dubuque                  | S . Clinton        |

The fourth digit identifies:

Worker

- 1 . 9
- 0 . When worker number is unknown

VENDOR NUMBER (intermediate care facility vendor number) . The only time that a number will be found here is when the person to whom the grant is paid is in an intermediate care facility (nursing home). The number will be that number assigned by DHS to that particular nursing home.

Line H

PRIORITY INFORMATION . Free form entries, as made by Eligibility Workers.

Unlabeled box (SPECIAL CHARACTERISTICS)

Left position . for public assistance cases

- H . an unrelated adult is living with the public assistance family
- S . a stepfather is in the public assistance family\$ home
- M . a stepmother is living in the public assistance family\$ home

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Middle position . related to monthly reporting requirements for the case

M . a monthly report is required for public assistance and food stamps

A . a monthly report is required for public assistance, but not for food stamps

F . a monthly report is required for food stamps, but not for public assistance

R . No monthly report is required

Right position . for food stamp cases

A . Farmer

B . Student

C . Someone who is on strike

D . Migrant laborer

E . An SSI recipient

F . Recipient for Social Security

G . Someone who is unemployed (employable, seeking employment)

#### Line I

PERS NO (person number) . The two-digit code in this column indicates the relationship of the different persons listed.

01 . 09 . Case name, adult

11 and above . child

First Name } The members of the family receiving assistance are listed, with the  
Last Name } primary eligible recipient listed first, the spouse second, and  
children from the youngest back.

SEX . Each family member will be identified as M-male, or F-female. A blank indicated an unborn child.

BIRTHDATE . The birthdate of each person in the family is listed by month, day and year.

S.I.D. NO. . State I.D. Number. The person being referred for VR services will have a % at the far right-hand side of this field.

MAR (material status-adults) . All adults listed on the form will have their current marital status indicated.

S Single . never married

M Legally married, including common-law

D Divorced

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- L Legally separated  
 P Separated, no legal action  
 W Widowed

ETH (ethnic origin) . Each person listed will have ethnic origin identified.

<u>Code</u>	<u>Identification</u>
1	<u>White, not of Hispanic origin</u> A person having origins in any of the original peoples of Europe, North Africa, or the Middle East.
2	<u>Black, not of Hispanic origin</u> A person having origins in any of the Black racial groups of Africa
3	<u>American Indian or Alaskan Native</u> A person having origins in any of the original people of North America, and who maintain cultural identification through tribal affiliation or community recognition.
4	<u>Asian or Pacific Islander</u> A person having origins in any of the original peoples of the Far East, Southeast Asia, the Indian subcontinent, or the Pacific islands.
5	<u>Hispanic</u> A person of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race.
6	<u>Indochinese</u> A person of Asiatic origin who comes from the part of the Asiatic subcontinent generally known as Indochina.

EDUC (education) . The code identifies the educational background of every ADC adult.

- D . High school drop-out  
 H . Graduate of vocational, technical, or high school, or received GED  
 J . Attending high school, technical or vocational school  
 F . Completed or attended special education  
 C . College graduate

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A . Attended college (non-graduate)

M . Post-graduate degree

7 . Unknown

8 . None

CD (fund code) . This code is to identify the individual's source of funding for medical.

1 . Federally eligible adult receiving a grant, including eligible for grant under \$10

2 . Federally eligible child receiving a grant, including eligible for a grant under \$10

3 . Non-federally eligible adult, receiving a dependent person grant

4 . Non-federally eligible child. Used only for certain foster care recipients and the %dependent+on the dependent person program

7 . Not eligible for Medical Assistance; may be eligible for a grant only

9 . Eligible only for a retroactive Medically Needy certification period. System-generated when an individual has no eligibility for Medical Assistance on any case

A . Adult, Medical Assistance only; includes those eligible for a cash grant, but not choosing to receive cash

C . Child, Medical Assistance only; includes those eligible for a cash grant, but not choosing to receive cash

F . Food Stamps only

P . Conditionally eligible person for medically needy only; has spend down

R . Child Medical Assistance Program

S . Individual considered in Child Medical Assistance Program or Medically Needy Program, but not eligible for medical

FUND (fund date) . The effective date of the Fund Code.

INC (income) . Indicates if the individual has earned income (Y) or not (N).

SOC. SEC. NO. . Social Security number.

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